



### SIGN PERMIT APPLICATION

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
City State Zip Code

Business Name: \_\_\_\_\_

Proposed Sign Location: \_\_\_\_\_  
(Address or mile marker-Signs along State Hwy will require approval from Dept. of Transportation)

Tax Parcel ID (obtained from Tax Assessor 706-865-5328): \_\_\_\_\_

Zoning Classification (check one): \_\_\_ R-1 \_\_\_ R-2 \_\_\_ R-3 \_\_\_ C-1 \_\_\_ C-2 \_\_\_ Industrial

Current Property Use (check one): \_\_\_ Residential \_\_\_ Commercial/Industrial \_\_\_ Agriculture \_\_\_ Vacant

**Sign Type (check all that apply):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Existing Sign           | <input type="checkbox"/> New Sign             | <input type="checkbox"/> Wall                 |
| <input type="checkbox"/> Single Face             | <input type="checkbox"/> Double Face          | <input type="checkbox"/> Window               |
| <input type="checkbox"/> Single Tennant          | <input type="checkbox"/> Multi Tennant        | <input type="checkbox"/> Free Standing Canopy |
| <input type="checkbox"/> Permanent Ground        | <input type="checkbox"/> Temporary Ground     | <input type="checkbox"/> Illuminated          |
| <input type="checkbox"/> Banner (temporary only) | <input type="checkbox"/> Roof (Existing Only) |   |

Distance (in feet) from nearest existing sign on same side of roadway: \_\_\_\_\_

Located on same property as existing sign? \_\_\_ Yes \_\_\_ No

Distance (in feet) from nearest intersection of roads, streets, or highways: \_\_\_\_\_

<p align="center"><b>Ground Sign ONLY</b> List the distance (in feet):</p> <p>From Property Line: _____ From Street Right of Way: _____</p>
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Sign Face Square Footage: \_\_\_\_\_

Sign Face Height: \_\_\_\_\_ Sign Face Width: \_\_\_\_\_

**DRAWING MUST ACCOMPANY THIS APPLICATION AND MUST INCLUDE HEIGHT, WIDTH, COLORS TO BE USED, AND STRUCTURAL SUPPORTS**



**SIGN PERMIT APPLICATION**

Owner of Property or Building: \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

**LETTER OF CONSENT MUST ACCOMPANY APPLICATION IF OWNER IS OTHER THAN APPLICANT**

Sign Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business License Number (if Applicable): \_\_\_\_\_

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**NOTE: PLEASE ATTACH DRAWING OF AND BOUNDARY SURVEY OR TAX PLAT OF PROPOSED LOCATION TO THIS APPLICATION. NOTE DISTANCES FROM PROPERTY LINES, AND STREET RIGHT-OF WAYS IF APPLICABLE.**